

**REG-10 Gas Use Tax****Self-Assessing Purchaser Application**

Station 265

Step 1: Read this information first

If you purchase natural gas from outside of Illinois for use in Illinois (not for resale) you may choose to become a self-assessor of Gas Use Tax unless you are exempt from Gas Use Tax (See below.). A registered self-assessing purchaser must report and pay the Gas Use Tax directly to us rather than to their supplier. After we process your completed Form REG-10, we will issue you a certificate of registration for you to provide to your supplier. Your certificate of registration is proof that you will be responsible for reporting and paying of the Gas Use Tax. If later, any information you provide below should change, you must complete a new Form REG-10. If no changes are needed, you should submit a new Form REG-10 every five years to keep records current. If you have any questions, call us weekdays between 8:00 a.m. and 4:30 p.m. at 217 524-5406 or 217 785-6602.

To be exempt, you must purchase natural gas from outside of Illinois that will be used in Illinois

- by a business located in an enterprise zone;
- by a governmental body or entity organized and operated exclusively for charitable religious, or educational purposes;
- in the production of electric energy;
- in a petroleum refinery operation;
- in liquefaction and fractionation processes that produce value added natural gas by-products for resale; or
- in the production of anhydrous ammonia and nitrogen fertilizer for resale.

Do **not** complete Form REG-10 if you are exempt from Gas Use Tax. You must complete Form RG-61, Gas Use Tax Exemption Certificate.

Step 2: Identify yourself - Individuals only

1 Name: _____

3 Address: _____

2 Social Security number: _____

City _____ State _____ ZIP _____

County _____ Telephone number _____

Step 3: Identify your business - Businesses only

Note: If you are already registered for Gas Revenue Tax, you do not need to complete this application:

4 Name: _____

7 Illinois Business Tax no.: _____

5 Corporate name: _____

8 Federal Employer Identification no.: _____

6 Address: _____

Number and street

City _____ State _____ ZIP _____

County _____ Telephone number _____

Step 4: Identify your delivering supplier(s)

If you need to identify more than provided for, attach additional sheet(s).

9 Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Step 5: Complete and sign below

☐ Check here to acknowledge that no exemption listed in Step 1 applies to you or your business or organization.

Under penalties of perjury, I state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete.

Signature _____ Date _____ Typed or printed name of person signing to the left _____

Mail your completed Form REG-10 to

REGISTRATION AND RETURNS PROCESSING
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019

If you have any questions, call our Springfield office weekdays
between 8:00 a.m. and 4:30 p.m. at 217 524-5406 or 217 785-6602.

